



Last Updated: 03/09/2022

Rate and Service Unit Changes for Skilled Nursing Services – Effective February 1, 2014

The purpose of this memo is to notify providers of changes for billing of skilled nursing services for dates of service on or after February 1, 2014. In a Medicaid Memo dated May 29, 2013, the Department of Medical Assistance Services (DMAS) notified providers that there would be a change in the unit of service for skilled and private duty nursing from one hour to one-quarter of an hour. However, the change in the unit of service only applies to skilled nursing in the Intellectual Disability Waiver (ID) and the Individual and Family Developmental Disabilities Support Waiver (DD). There is also no change in the billing unit for Early Periodic Screening Diagnosis and Treatment (EPSDT) nursing. The required regulatory changes are complete.

The following table describes rates in effect for dates of service on or after February 1, 2014:

National Code	Code Description	Differential	Rates Effective 1/31/2014 for One Hour	Rates Effective 2/1/2014 for 15 Minutes
T1002	Skilled Nursing Services/RN	NOVA	\$31.19	\$7.80
T1002	Skilled Nursing Services/RN	ROS	\$25.68	\$6.42
T1003	Skilled Nursing Services/LPN	NOVA	\$27.03	\$6.76
T1003	Skilled Nursing Services/LPN	ROS	\$22.29	\$5.57

NOVA=Northern Virginia ROS=Rest of State



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For dates of service **prior** to February 1, 2014, the providers should bill units based on an hour of service, consistent with current policy.

For dates of service **on or after** February 1, 2014, providers should submit the appropriate number of billing units consistent with 15-minute increments.

For example: If an individual receives one hour (or four units) of services, then the provider will bill for four units versus one unit as previously instructed. If a provider bills for one unit, the provider will receive reimbursement for only 15 minutes versus the entire hour of services provided.

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MANAGED CARE ORGANIZATIONS

Many Medicaid recipients are enrolled with one of the Department's contracted Managed Care Organizations (MCO). In order to be reimbursed for services provided to an MCO enrolled individual, providers must follow their respective contract with the MCO. The MCO may utilize different prior authorization, billing, and reimbursement guidelines than those described for Medicaid fee-for-service individuals. For more information, please contact the MCO directly. Additional information about the Medicaid MCO program can be found at http://www.dmas.virginia.gov/Content_pgs/mc-home.aspx.

COMMONWEALTH COORDINATED CARE

Commonwealth Coordinated Care (CCC) is a new initiative to coordinate care for individuals who are currently served by both Medicare and Medicaid and meet certain eligibility requirements. Please visit the website at http://www.dmas.virginia.gov/Content_pgs/altc-home.aspx to learn more.

VIRGINIA MEDICAID WEB PORTAL

DMAS offers a web-based Internet option to access information regarding Medicaid or FAMIS member eligibility, claims status, check status, service limits, service authorizations, and



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electronic copies of remittance advices. Providers must register through the Virginia Medicaid Web Portal in order to access this information. The Virginia Medicaid Web Portal can be accessed by going to: www.virginiamedicaid.dmas.virginia.gov. If you have any questions regarding the Virginia Medicaid Web Portal, please contact the Xerox State Healthcare Web Portal Support Helpdesk, toll free, at 1- 866-352-0496 from 8:00 a.m. to 5:00 p.m. Monday through Friday, except holidays. The MediCall audio response system provides similar information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider. Providers may also access service authorization information including status via KEPRO's Provider Portal at <http://dmas.kepro.com>.

ELIGIBILITY VENDORS

DMAS has contracts with the following eligibility verification vendors offering Internet real-time, batch and/or integrated platforms. Eligibility details such as eligibility status, third party liability, and service limits for many service types and procedures are available. Contact information for each of the vendors is listed below.

Passport Health Communications, Inc. www.passporthealth.com sales@passporthealth.com (888) 661-5657	Siemens Healthcare (HDX Division) www.hdx.com (610) 219-1600	Emdeon www.emdeon.com (877) 363-3666	Availity, LLC www.availity.com support@availity.com (800) 282-4548	Dorado Systems, LLC www.Doradosystems.com sales@doradosystems.com (856) 354-0048
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"HELPLINE"

The "HELPLINE" is available to answer questions Monday through Friday from 8:00 a.m. to 5:00 p.m., except on holidays. The "HELPLINE" numbers are:

1-804-786-6273 Richmond area and out-of-state long distance

1-800-552-8627 All other areas (in-state, toll-free long distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid Provider Identification Number available when you call.